

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/579342**

FILING DATE

**MAY 15 2006**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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46				/		
47				/		
48						
49			/			
50				/		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	3	←		←
TOTAL CLAIMS			5			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54			/			
55			/			
56			/			
57			/			
58				/		
59				/		
60				/		
61				/		
62				/		
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100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	12	←		←
TOTAL CLAIMS			16			